

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

14

UNITED STATES DISTRICT COURT

for the

District of

Division

CORY O'DELL DERRICK

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

ADVANCED CORRECTIONAL HEALTH CARE
INC. DR. CHELLAM, NURSE BARBRA
NURSE TASHA

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case: 2:20-cv-11328

Judge: Steeh, George Caram

MJ: Grand, David R.

Filed: 05-02-2020 At 11:18 AM

CMP CORY DERRICK V ADVANCED CORRECTIONAL
HEALTH CARE INC (SS)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name CORY O'DELL DERRICK
 All other names by which
 you have been known: NONE
 ID Number #103775
 Current Institution MIDLAND COUNTY JAIL
 Address 105 FAST ICE DRIVE
MIDLAND MI 48642
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name ADVANCED CORRECTIONAL HEALTHCARE, INC.
 Job or Title (*if known*) HEALTH CARE PROFESSIONAL
 Shield Number N/A
 Employer ADVANCED CORRECTIONAL HEALTHCARE, INC.
 Address 3922 W. BARING TRACE
PEORIA IL 61615
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name DR. CHELLAM
 Job or Title (*if known*) DOCTOR
 Shield Number N/A
 Employer ADVANCED CORRECTIONAL HEALTHCARE, INC.
 Address 3922 W. BARING TRACE
PEORIA IL 61615
City State Zip Code
☐ Individual capacity ☒ Official capacity

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Defendant No. 3

Name

NURSE BARBRA

LAST NAME UNKNOWN

Job or Title (if known)

NURSE

Shield Number

N/A

Employer

ADVANCED CORRECTIONAL HEALTHCARE, INC.

Address

3922 W. BAKING TRACE

PEORIA

IL

61615

City

State

Zip Code

☐ Individual capacity☒ Official capacity

Defendant No. 4

Name

NURSE TASHA

LAST NAME UNKNOWN

Job or Title (if known)

NURSE

Shield Number

N/A

Employer

ADVANCED CORRECTIONAL HEALTHCARE, INC.

Address

3922 W. BAKING TRACE

PEORIA

IL

61615

City

State

Zip Code

☐ Individual capacity☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

The right to chronic care, and to be protected from Covid-19.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. ADVANCED CORRECTIONAL HEALTH CARE, INC.
 Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

By NOT providing CHRONIC CARE NEEDS FOR MAJOR NERVE DAMAGE, AND FOR failing to STERILIZE, CLEAN THE MASK, HOSE, AND C-PAP MACHINE FROM ALL GERMS AND BACTERIA TO PROTECT AND PREVENT ME FROM BECOMING VULNERABLE TO COVID-19. FAILURE TO NOTIFY COURTS OF RESPIRATORY ISSUES.

- III. Prisoner Status WHEN MY CANE AND BOOT WERE TAKEN, I KNEW THAT I HAD TO HAVE THEM IN ORDER TO PREVENT FURTHER DAMAGE, NO MEDICATION
 Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Midland County Jail Intake, April 9th thru 5-1-20

C. What date and approximate time did the events giving rise to your claim(s) occur?

April 16, 2020 1:30 P.M., April 29, 2020 2:00 P.M., April 10, 2020 9:45 A.M.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

MY 4 PRONG CANE, TED SOCK, AND MEDICAL SUPPORT BOOT FOR MY RIGHT LEG WERE TAKEN FROM ME BY MIDLAND COUNTY JAIL ADMINISTRATION; ALSO I HAVE BEEN DENIED THE RIGHT TO HAVE MY C-PAP MACHINE AND MASK AND HOSE CLEANED PRIOR TO BED TIME BY THE ADVANCED CORRECTIONAL HEALTHCARE, INC. AND JAIL ADMINISTRATOR (LT. RAIDER). I EXPLAIN THAT WITHOUT MY CANE AND BOOT I'M IN CONSTANT PAIN EVEN IF I BUMP THE FOOT IT'S SUPER SENSITIVE FROM THE NERVE DAMAGE AND NEUROPATHY. THE JAIL CAPTAIN, SGT. WHITE, LT. RANDALL, DR. CHELLAM GOT ALL MY MEDICAL RECORDS ALONG WITH A COPY OF MY SUIT PENDING AGAINST CORRECT-CARE SUIT FOR NEGLIGENCE, AND THEY ARE DOING THE SAME THING, ALSO THE POWER CUT OFF DURING SLEEP OF MY C-PAP.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

MY INJURIES ARE BRUISED HEELS, PAIN IN MY HIPS, RIGHT LEG, THE POWER HAS BEEN CUT OFF TWICE WHILE SLEEPING CAUSING ME TO WAKE UP STRUGGLING FOR AIR. AN ULTRA SOUND ON MY RIGHT LEG TO ENSURE NO BLOOD CLOTS, I HAVE RECEIVED NO MEDICAL CARE AT ALL FOR MY CHRONIC CARE NEEDS, BY TAKING MY CANE AND SUPPORT SOCK AND MY MEDICAL BOOT HAS CAUSED INSULT TO THE INJURIES I SIGNED MEDICAL RELEASES FOR, ALSO NOW I AM HAVING A HARD TIME BREATHING BECAUSE OF ALL THE BACTERIA THAT'S BUILT UP INSIDE MY MACHINE. ALSO THE FIRST TIME I WAS CALLED TO CLEAN IT THE SMELL WAS SO BAD COMING OUT MY MACHINE I'M SICK NOW AND AFRAID THAT WITHOUT THE PROPER CARE, AND MY WEAK RESPIRATORY SYSTEM THAT AT ANYTIME I CAN GET COVID-19 AND DIE, I NEEDED CLEAN STERILE THINGS EVERY DAY, AND MY CANE AND DROP FOOT BRACE, TED SOCK, AND SUPPORT BOOT TO HELP. VI. Relief BRAIN DAMAGE BECAUSE THE POWER WAS CUT OFF WHILE ON MY C-PAP CAUSING BRAIN DAMAGE.

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.

If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WANT THE COURT TO HOLD ADVANCED CORRECTIONAL HEALTHCARE RESPONSIBLE FOR THE PAIN AND SUFFERING; I WANT THEM TO BE HELD ACCOUNTABLE FOR NOT ONLY THE NEGLIGENCE AND DAMAGES TO MY C-PAP MACHINE DURING THIS COVID-19, AND WHOEVER CUT THE POWER OFF WHILE I WAS USING MY MACHINE CAUSING LACK OF OXYGEN TO THE BRAIN DAMAGE, AND TO HAVE ME REMOVED FROM THIS FACILITY SO I CAN'T BE HARMED BY THE STAFF OR HEALTHCARE. I'M ASKING FOR \$150,000, FOR THE MENTAL, PSYCHOLOGICAL, AND EMOTIONAL DAMAGE, AND TO BE SEEN BY A COMPETENT DOCTOR TO CONFIRM THE DAMAGES DONE TO MY C-PAP, MY HEALTH, AND MOST OF ALL \$1,000,000 FROM ADVANCED CORRECTIONAL HEALTHCARE, INC. FOR TOTALLY NEGLECTING MY CHRONIC CARE NEEDS, BECAUSE THE NEGLIGENCE CANNOT BE FIXED, IT HAS CAUSED MAJOR INSULTS TO THE INJURIES IN WHICH I'M GOING TO NEED LIFE TIME MEDICAL TREATMENT, AND \$5000 A DAY FROM MCT FOR FAILURE TO PROTECT ME DURING THIS PANDEMIC OF COVID-19, AND THE COST OF THE EXPENSE TO DETERMINE HOW MUCH BRAIN DAMAGE I HAVE SUFFERED.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Midland County Jail

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

I filed it in writing AND ON THE Kiosk machine.

2. What did you claim in your grievance?

MEDICAL MALPRACTICE AND MALTREATMENT BY ADVANCED CORRECTIONAL HEALTH CARE, INC.

3. What was the result, if any?

I WAS DENIED treatment By Dr. Chellam AND Lt. RANDALL, Sgt. CLOSE, Sgt. WHITE.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

BECAUSE OF THREATS OF HARM, AND ISOLATION.

I WAS THREATENED By STAFF AND IN FEAR OF DYING FROM COVID-19 By STAFF, AND PUT INTO THE HOLE.

Midland County Jail Grievance Form

Appeal _____

Step 1 _____

Step 2 _____

Step 3 _____

ONCE AGAIN I'm ASKING FOR A PRISONER CIVIL RIGHTS COMPLAINT, AND THE DOCTOR'S FULL NAME?

Describe the nature of your complaint:

MEDICAL MALPRACTICE; AND

MAL TREATMENT BY ADVANCED CORRECTIONAL HEALTH CARE, INC.

BY NOT ALLOWING ME TO STERILIZE NOT ONLY MY SLEEP APNEA

C-PAP MASK AND HOSE EVERY NIGHT, KNOWING THAT WITH

THE COVID-19 STILL LURKING, EVERY NIGHT THAT GOES BY WITHOUT MY

MASK BEING STERILIZED, AND MY MACHINE THOROUGHLY CLEANED

INSIDE AND OUT BY THE SO CLEAN MACHINE SUBJECTS ME EVEN

MORE TO COVID-19 KNOWING I HAVE ASTHMA AND MAJOR

RESPIRATORY PROBLEMS. THE MEDICAL STAFF, DOCTOR, LT. RANDALL, AND

CAPTAIN ARE AWARE THAT MY MASK AND MACHINE KEEPS ME ALIVE, MAKES

THE NEGLECT MALUM IN SE, AND VIOLATES MY CIVIL RIGHTS. I NEED SO CLEAN

AND FOR MY MASK AND HOSE TO BE STERILIZED AS LONG AS I'M IN CUSTODY.

Cory O. Derrick

CORY O. DERRICK

Received by Deputy Evans

Date and Time 4/27/2020 0000 hrs

Returned by Deputy _____

Date and Time _____

Response to Step 1 _____, Step 2 _____, Step 3 _____

All Grievances need to be submitted
via the kiosk within the pod.

Shift Leader Signature _____

Jail Management Signature _____

Date and Time 4/27/2020 0000 hrs

Date and Time _____

THE NEGLECT HAS CAUSE ALOT OF MENTAL AND EMOTIONAL AND SPIRITUAL PAIN AND DURESS. IVE ASKED MEDICAL STAFF BRUBRA, TASHA, AND DR. CHELLUM THAT IF ADVANCED CORRECTIONAL HEALTHCARE CAN'T PROVIDE THE TOP NOTCH CARE FOR ME IN REGARDS TO MY RESPIRATORY ISSUES INVOLING THE STERILIZATION OF MY C-PAP MASK, HOSE, MACHINE WITH SO CLEAN, AND MAKE SURE THAT EVERYONE AROUND ME WEARS A MASK ON A DAILY BASICS TO INSURE NO FURTHER RESPIRATORY DAMAGE TO NOTIFY MY JUDGE MR. CARPENTER, SO THAT HE CAN MAKE SURE MY FULL CONSTITUTIONAL RIGHTS ARE PROTECTED. YOUR HELP AND IMMEDIATE RESPONSE WILL BE GREATLY APPRECIATED.

Respectfully

Requested,

Cory O'dell Derrick PRO SE

Cory O. Derrick PRO SE

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

PLEASE VIEW THE ATTACHMENTS, Lt. Randall REFUSE TO give ANY COPIES.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Mr. Cory O'dell DERRICK

Defendant(s)

Correct Care Solutions AND Jill Warren, R.N.

2. Court (if federal court, name the district; if state court, name the county and State)

EASTERN District

3. Docket or index number

3:19-CV-13105

4. Name of Judge assigned to your case

DAVID R. GRAND

5. Approximate date of filing lawsuit

CAN'T REMEMBER.

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition.

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

April 29, 2020

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Cory O. Derrick
Cory O. DERRICK
#103775
105 FAST ICE DRIVE
Midland Mi 48642
City State Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

CityStateZip Code

Telephone Number

E-mail Address

Mr. Cory O. Derrick # 103775

105 Fast ICE Dr.

Midland, Michigan

48642

S-2-20

NEHOPIER MI 480

FOREVER

Barn Swallow



Theodore Levin United States Courthouse

Clerk of the Court
231 W. Lafayette, 5th Floor
Detroit, Michigan

RECEIVED

MAY 13 2020

U.S. DISTRICT COURT

48225-2775B

48226-2797

The writer of this letter
is an inmate in the
Midland County Jail
Midland, MI 48642

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